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PTO/SB/17 (10-03)  
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2004		Complete if Known	
Effective 10/01/2003. Patent fees are subject to annual revision.		Application Number	10/005,861
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	11/08/2001
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Edelstein et al.
		Examiner Name	Fuller, Eric D.
		Art Unit	1762
		Attorney Docket No.	FIS920010156

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>	
<input checked="" type="checkbox"/> Deposit Account:		Large Entity	Small Entity
Deposit Account Number	09/0458	Fee Code (\$)	Fee Code (\$)
Deposit Account Name	International Business Machines	1051 130	2051 65
The Director is authorized to: (check all that apply)		Fee Description	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments		Fee Paid	
<input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above identified deposit account.			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING FEE</b>			
Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)	Fee Description	
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 285	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			
<b>2. EXTRA CLAIM FEES FOR UTILITY AND</b>			
Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** = 0	X	0.00
Multiple Dependent	-3** = 0	X	0.00
Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee Code (\$)		
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 200	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)		\$0.00	
*or number previously paid, if greater; For Reissues, see above			
<b>4. OTHER FEES</b>			
Other fee (specify)		Terminal Disclaimer	
		110.00	
SUBTOTAL (3) (\$)		\$110.00	
*Reduced by Basic Filing Fee Paid			

SUBMITTED BY		Complete if applicable	
Name (Print/Type)	Peter R. Hagerly	Registration No. (Attorney/Agent)	42,618
Signature		Telephone	860-286-2929
		Date	March 18, 2004

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